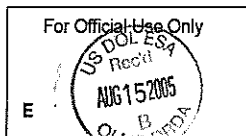


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6731</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Lee</u> <u>R</u> <u>Pearson</u>  P.O. Box, Bldg., Room No., if any <u>Suite 130</u>  Street <u>620 Coolidge Drive</u>  City <u>Folsom</u>  State <u>California</u> ZIP Code + 4 <u>95630-3181</u>	4. Name, file number, and address of labor organization. Name <u>Intl. Assoc. of Machinists &amp; Aerospace Workers</u>  Labor Organization File Number <u>000-107</u>  P.O. Box, Building and Room Number, if any <u></u>  Street <u>9000 Machinists Place</u>  City <u>Upper Marlboro</u>  State <u>Maryland</u> ZIP Code + 4 <u>20772-2687</u>
5. Position in labor organization. <u>General Vice President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value <b>from an employer whose employees your organization represents</b> or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u>  Trade Name, if any: <u></u>  P.O. Box, Bldg., Room No., if any <u></u>  Street <u></u>  City <u></u>  State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u>  7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Lee Pearson</u>	On <u>8/9/05</u> Date	<u>(916) 985-8101</u> Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name IAM National Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 300

Street 1300 Connecticut Avenue, NW

City Washington

State District of Columbia ZIP Code + 4 20036

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Jointly trustee fund provides pension benefits to IAM represented employees.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Reimbursed expenses (travel, lodging, meals) for all Trustees meetings during calendar year 2004

## 12.b. Amount.

\$11,706

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Guerrieri, Edmond, Claymon &amp; Bartos, PC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 700

Street 1625 Massachusetts Avenue, NW

City Washington

State District of Columbia ZIP Code + 4 29936-1703

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Law firm provides legal services to IAM.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Fruit basket.

## 12.b. Amount.

\$42

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Northern Capital

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 763 Jacqueline Lane

City Palm Harbor

State Florida ZIP Code + 4 34683

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IAM National Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1300 Connecticut Avenue, NW

City Washington

State District of Columbia ZIP Code + 4 20036-1703

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 11.a. Nature of such dealing.

Firm provides investment and financial services to pension fund for IAM-represented employees.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

2 dinners

## 12.b. Amount.

\$206

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Voyageur Asset Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 800

Street 2300 M. Street, NW

City Washington

State District of Columbia ZIP Code + 4 20037

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IAM National Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1300 Connecticut Avenue, NW

City Washington

State District of Columbia ZIP Code + 4 20036

## 11.a. Nature of such dealing.

Firm provides financial and investment services to pension fund for IAM-represented employees.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

2 dinners

## 12.b. Amount.

\$400

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Delta Dental Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 100 First Street

City San Francisco

State California ZIP Code + 4 94105

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Plan provides dental benefits to IAM represented employees.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Reimbursed expenses for Board of Directors meetings, including travel, lodging, meals, throughout the reporting period.

## 12.b. Amount.

\$4,079

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Harbaugh Hotel Management Company

Trade Name, if any: Riviera Resort

P.O. Box, Bldg., Room No., if any

Street 1600 North Indian Canyon Drive

City Palm Springs

State California ZIP Code + 4 92262

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 11.a. Nature of such dealing.

Hotel provides conference, lodging, and meeting services for various union events.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Dinner, fruit baskets, snacks and soft drinks at Western Territory Staff meetings.

## 12.b. Amount.

\$278